

INSTRUCTIONS: TYPE OR PRINT CLEARLY. It is mandatory to complete all items. Incomplete forms will be returned and could delay the issuance of your

OCATION OF ANIMAL(S): Note: Native succeedited by the USDA that each of those fa								
accredited by the USDA that each of those fa								
accredited by the USDA that each of those fa	pecies being held at mult	iple locations requires i	inspecti	ion cer	tification by th	ne Depar	tment or	a veterinarian
	cilities meet minimum ap	plicable housing require	ements	as set	forth in Secti	ons 671.	3-671.4,	Title 14, of the
California Code of Regulations (CCR).	OIT (	l or		710.00	NDE	00111		
ADDRESS	CITY	SI	TATE	ZIPCODE		COUNTY		
ADDRESS	CITY	ST	TATE ZIPCODE		DDE	COUNTY		
List all native animals in your possession or <b>TO</b>	BE ACQUIRED in the follo	owing order: mammals, b	birds. C	Group a	nimals by ord	l er, family	, and spec	cies. Use the following
etters to denote sex: M=Male, F=Female, and		=						_
Section 671.1(c)(2)(K), Title 14, of the CCR):	M=Microchip, T=Tattoo, a	and A=Alternative Metho	od. <b>No</b> t	te: You	u must provid	e docum	entation of	of your experience for
all animals listed. List only those animals for v	hich you have written doo	cumentation, from a perr	mitted (	Californ	ia Wildlife Re	habilitati	on facility	licensed veterinarian,
stating why the animal to be acquired is unsui			for edu	ucation	purposes. C	ontact th	e License	and Revenue Branch
at (916) 928-5845 or SPU@dfg.ca.gov if you r								
COMMON NAME	SCIENTIFIC	NAME II	ID NUME	BER	METHOD	SEX	AGE	REHABILITATION FACILITY
l certify under penalty of perjury under the la	ws and regulations of the	State of California that	t all info	ormatio	n on this Nat	ive Spec	ies Exhih	itina Permit Inventory
of Animals form is true and correct. I unders	-							-